

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000001716**

1. Entity Name

HIGH POWER WELDING AND DESIGN, INC.**FILED****Apr 28, 2001 8:00 am**
Secretary of State

04-28-2001 90058 006 ***150.00

Principal Place of Business

Mailing Address

1210 ROEBOCK COURT
WEST PALM BEACH FL 33405**PO BOX 7635**
WEST PALM BEACH FL 33405**961395**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1210 ROEBOCK COURT

Suite, Apt. #, etc.

3. Mailing Address

131 HERITAGE WAY

Suite, Apt. #, etc.

City & State

W.P.B. FL

City & State

W.P.B. FL

4. FEI Number

65-0997202

Applied For

Not Applicable

Zip

Country

33407**USA**

Zip

Country

33407**USA**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIVES, MARK~~**6286 PINESTEAD DR 120**~~
~~**LAKE WORTH FL 33463**~~

Name

FIVES, MARK

Street Address (P.O. Box Number is Not Acceptable)

131 HERITAGE WAY

City

W.P.B.**FL**

Zip Code

33407

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **FIVES, MARK B**
CITY-ST-ZIP ~~**6286 PINESTEAD DR 120**~~
~~**LAKE WORTH FL 33463**~~TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)